all of which occurred with inpatients on the emergency list. The average cost of overnight stay on a surgical ward was £238. A total of 20 overnight stays in a 10 week period cost £4742. This number gives a projection of approximately £25000 that could be saved annually by implementation of the abscess pathway.
Conclusions: The presence of an abscess fast track pathway is an efficient and cost-effective method of minimizing unnecessary bed occupancy and hence minimizing costs.

0425: PROVIDING HUMANITARIAN HERNIA SURGERY AS A REGISTRAR IN MONGOLIA WITH OPERATION HERNIA

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Introduction: Operation Hernia (OH) is a charity formed in 2005 to provide hernia surgery & training to surgeons in the developing world. The organisation started working in Ghana and now operates in Ivory Coast, Nigeria, Ecuador and Mongolia (total: > 4000 hernia operations).
Mongolian Mission: Mongolia is a country 6 times the size of the UK with $1/20^{th}$ of the population. The country gained its independence 20 years ago following the dissolution of the Soviet Union leaving a gap in surgical training. The 2-week mission in September 2011 comprised 3 Consultants and 2 surgical trainees. OH uses sterilized mosquito nets for mesh hernia repairs.
Results: 122 operations Mean age: 27 (range 0.2 - 88); 32 mesh inguinal hernia repairs; 19 incisional hernias; 52 paediatric herniotomies;19 others; 1 peri-operative complication: scrotal haematoma
Conclusion: Charities like OH provide modern hernia surgery and, more importantly, surgical training to underserved countries like Mongolia. The use of mosquito nets as a replacement for expensive alternatives provides a cheap and relatively simple technique to repair common hernias. It also allows surgical trainees to be involved in humanitarian work that benefits both the developing world and our own training and development.

0431: MAINTAINING STANDARDS OF TRAINING WITHIN THE CONSTRAINTS OF EWTD

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Aims: The European Working Time Directive (EWTD) is widely perceived by surgeons as a threat to training. Maintaining standards of training requires new ways of working to overcome organisational constraints of EWTD. We aimed to develop and validate a questionnaire to identify specific barriers which exist locally.
Method: An existing questionnaire in the literature was identified and adapted with permission to apply to Consultants, Trainees and NHS managers. The electronic questionnaire was e-mailed to all groups at 3 trusts in the South West. Responses were analysed using Student's t-test and one-way ANOVA. Ethical approval was granted by NRES.
Results: 216 questionnaires were completed, 108 (50%) trainees, 93 (43%) consultants and 15 (7%) managers. The three questionnaires were validated, consistent and reliable with high Cronbach's alpha values between 0.84 and 0.9. The use of locums to fill rota gaps, service delivery pressures, and management perception of Consultants not willing to change working practice were identified as barriers.
Conclusion: The validated questionnaire was simple to administer across a deanery. Triangulation of findings from the three questionnaires identified important barriers to training specific to the deanery. This tool can be used by other Trusts to improve training.

0451: CONSENT – IS IT INFORMED?

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Aim: GMC guidelines state that "effective communication is the key to enabling patients to make informed decisions". We wanted to investigate if patient consent was truly "informed".
Method: Patients undergoing surgery were given a questionnaire post-operatively during a one week period. We asked if they received adequate information about their condition, the operation, and the risks and complications involved. The interim results were presented during the surgical departmental meeting. 3 months after this intervention, the audit was repeated.
Results: 23 patients were recruited in the first cycle and 25 in the second cycle. Issues identified after the first cycle included patients being unclear of their illness (2/23, 8.7%), unsatisfactory explanation of risks and potential complications (6/23, 26%) and that patients were not reading the information sheet provided (5/23, 22%).
The second cycle showed a significant improvement: all patients understood their illness, risks and complications were not clearly explained in only 1/25 (4%) patients, and only 1/25 (4%) patients did not read the information sheet.
Conclusions: Most patients were clear about their disease. This audit shows a trend toward significant improvement in the retention of information by patients due to better communication after the intervention, allowing informed consent to be given.

0465: SURGICAL SIMULATION IN ANATOMY EDUCATION: AN UNTAPPED RESOURCE?

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Aim: Postgraduate surgical simulators are rarely used to teach anatomy, despite possessing many features that would favour their use in such a discipline. We present the first prospective cohort-controlled trial to evaluate the use of an ENT surgical simulator in teaching temporal bone anatomy by designing an interactive simulator-based module and a non-interactive self-directed module.
Method: Two temporal bone anatomy modules were created: one designed for use on a surgical simulator, and one as a self-directed PowerPoint tutorial. The learning content of both modules were near identical and both contained images captured from the simulator. 25 undergraduates were assigned to the simulator group (n=14) and PowerPoint group (n=11). Pre-and-Post module knowledge, confidence and satisfaction scores were measured with MCQs, VAS and Likert scales respectively.
Results: The knowledge improvement in the simulator and PowerPoint groups was 34% ($p<.001$) and 33% ($p<.001$), respectively. Confidence score improvement was 32% ($p<.001$) and 28% ($p<.001$), respectively. There was no difference in satisfaction ($p=.758$).
Conclusions: Standardising the learning content of anatomy modules across contrasting learning platforms is feasible, and represents an underutilised but useful method of assessing educational efficacy. Our interactive module is an effective anatomy educational tool. A well-developed non-interactive module can produce similar improvements in knowledge gain.

0473: DOES COMPLETING A CORE SURGICAL TRAINING PROGRAMME LEAD TO AN ST3 JOB IN ENGLAND?

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Aim: To investigate the relationship between the likelihood of being appointed to an ST3 surgical specialty post and the applicants' deanery of core surgical training (CST) in England.
Method: English Deanery databases were accessed to establish the number of themed surgical (CST) and ST3 posts across all surgical specialties for 2011.
Results: There was significant inter-deanery variation in the likelihood of obtaining an offer for a surgical ST3 post (17-65%). Core trainees from the North-western deanery were the most likely to be successful and those from Northern Ireland least likely.
Conclusions: Core surgical trainees from different deaneries have markedly different rates of success in obtaining ST3 post offers within England. Many factors may be responsible, including the ratio of CST:ST3 opportunities, that varies between deaneries; difference in applicants and training programmes.
This information is important to inform career planning and should be considered by trainees before application to CST.

0475: JUNIOR SURGEONS INTEREST IN THE WELSH BARBERS RESEARCH GROUP – WHERE THE TRAINEES OF TODAY ARE WITH RESEARCH

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